

MAY 14 2008

PTO/SB/82 (01-06)

Approved for use through 12/31/2008. CMB 0831-0035

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Application Number	10/063,538
Filing Date	09/11/2003
First Named Inventor	RIVERS
Art Unit	3405
Examiner Name	PATEL
Attorney Docket Number	BS 030318

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

38516

OR

☒ Firm or
Individual Name Scott P. Zimmerman PLLC

Address P.O. Box 3822

City Cary State NC Zip 27819

Country USA

Telephone (919) 469-2629 Email scott@scottzimmerman.com

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(a) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Scott P. Zimmerman

Date

05/13/08

Telephone

(919) 469-2629

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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&
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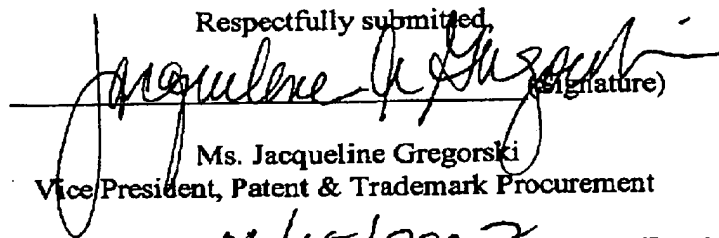
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06/05/2007 (Date)